MEDICAL FIELD GUIDE

Emergency medical care for non-medical people. When help is not coming.

IMPORTANT DISCLAIMER

This guide is for emergency use when professional medical care is unavailable. Always seek qualified medical help when possible. This information does not replace medical training or a doctor.

WHAT'S INSIDE:

1. Life-Threatening Emergencies
2. Trauma & Wound Care
3. Infections & Fever
4. Common Illnesses
5. Medications Guide
6. Childbirth Basics
7. Community Medical Strategy
8. Quick Reference Card

SECTION 1 — LIFE-THREATENING EMERGENCIES

Act in the First Minutes

These conditions kill in minutes. Learn them cold. Act immediately.

SEVERE BLEEDING

In 3–5 minutes

SIGNS: Blood soaking through clothes. Spurting or pooling. Person going pale and confused.

1. Apply direct pressure

- Press hard on the wound with cloth, clothing, or your hand.
- Do NOT remove — add more material on top if soaked through.
- Press harder than feels comfortable. Maintain for 10 full minutes.

2. Pack deep wounds

- If wound is deep (stab, gunshot), pack tightly with cloth.
- Push the material deep into the wound with your fingers.
- Then apply pressure on top of the packed wound.

3. Tourniquet (limbs only)

- If bleeding does not stop on arm or leg after 5 min of pressure:
- Tie cloth 2 inches above wound, tighten until bleeding stops.
- Note the time applied. Do not remove. Get medical help.

NOT BREATHING / NO PULSE

Brain death in 4–6 minutes

SIGNS: Person unresponsive. Not breathing or only gasping. No pulse felt at neck.

1. Call for help immediately

- Shout for anyone nearby. Assign someone to find help.
- Do not stop CPR to search for help yourself.

2. Start chest compressions

- Place heel of hand on center of chest (between nipples).
- Push DOWN hard — 2 inches deep. 30 compressions fast (2 per second).
- Let chest fully rise between each compression.

3. Give rescue breaths

- Tilt head back, lift chin, pinch nose closed.
- Give 2 slow breaths — enough to see chest rise.
- Continue: 30 compressions, 2 breaths. Do not stop.

CHOKING

In 4 minutes

SIGNS: Cannot speak, cough, or breathe. Clutching throat. Face turning blue.

1. 5 back blows

- Stand behind person, lean them forward.
- Give 5 firm blows between shoulder blades with heel of hand.

2. 5 abdominal thrusts

- Stand behind, make fist above navel below breastbone.
- Give 5 sharp inward-and-upward thrusts.
- Alternate back blows and thrusts until object dislodged.

3. If unconscious

- Lower to ground. Begin CPR.
- Each time you open airway, look for object and remove if visible.
- Never do blind finger sweeps.

SEVERE ALLERGIC REACTION

In 15–30 minutes

SIGNS: Throat swelling, difficulty breathing, hives all over, rapid collapse after sting or food.

1. Epinephrine if available

- Inject epinephrine (EpiPen) into outer thigh immediately.
- Through clothing is fine. Hold for 10 seconds.
- Person may need a second dose in 5–15 minutes.

2. Position and monitor

- Lay person flat, raise legs (unless breathing is hard).
- If unconscious and not breathing, begin CPR.
- Watch closely — symptoms can return after 1–2 hours.

3. No epinephrine

- Give antihistamine tablets if available (Benadryl/diphenhydramine).
- This buys time but does NOT treat the reaction.
- Get to medical care as fast as possible.

Proper wound care prevents infection — the #1 killer after initial trauma.

WOUND CLEANING & CLOSURE

1 — Stop bleeding first
- Apply firm pressure for 10 full minutes.
- Do not peek. Let the clot form.

2 — Irrigate the wound
- Flush with clean water — as much as possible.
- Use a syringe, squeeze bottle, or pour from height.
- Tap water is fine. The volume matters most.
- Remove visible dirt and debris with clean tweezers.

3 — Assess depth
- Superficial: clean, close, dress.
- Deep/gaping: may need closure (see below).
- Puncture wounds: do NOT close — must drain.

4 — Close if appropriate
- Butterfly strips or tape across wound edges.
- Do not close wounds over 6 hours old.
- Do not close animal bites — they must drain.
- Do not close wounds that are dirty or infected.

5 — Dress the wound
- Cover with clean cloth or bandage.
- Change dressing daily or when wet.
- Watch for infection signs (see right column).

BURNS

1st Degree (red, no blisters)
- Cool with running water 20 minutes. Do NOT use ice.
- Cover with clean dressing. Give pain relief.
- Do NOT apply butter, toothpaste, or any home remedy.

2nd Degree (blisters, wet, very painful)
- Cool with water 20 minutes. Do NOT burst blisters.
- Cover loosely — do not wrap tightly.
- Seek medical care for burns larger than your palm.

3rd Degree (white/black, no pain, charred)
- Do NOT cool with water — causes dangerous heat loss.
- Cover loosely with clean dry cloth.
- This is always a medical emergency. Get help.

INFECTION SIGNS — ACT FAST

If you see any of these — treat aggressively:
- Increasing redness spreading outward from wound
- Warmth, swelling, and pus or discharge
- Red streaks spreading up limb (EMERGENCY — sepsis risk)
- Fever above 101°F (38.3°C) after a wound
- Wound smells foul or has unusual color
- Pain increasing instead of decreasing after day 2

FRACTURES (BROKEN BONES)

1 — Do NOT straighten
Leave bone where it is. Moving it causes more damage.

2 — Immobilize
Splint using rigid material (stick, board) padded with cloth. Extend joint above and below fracture.

3 — Check circulation
After splinting, check fingers/toes are warm, have feeling, and can move slightly.

4 — Elevate
Raise limb above heart level if possible to reduce swelling.

5 — Pain relief
Ibuprofen or acetaminophen for pain. Ice pack if available — never direct.

HEAD INJURIES — WARNING SIGNS

If ANY present: rest completely, monitor every hour:
- Loss of consciousness (any duration — always serious)
- Confusion, slurred speech, or unusual behavior
- One pupil larger than the other
- Repeated vomiting after head injury
- Seizure following head injury
- Worsening headache over hours
- Weakness or numbness in limbs

Without antibiotics, infections that are trivial today can become deadly.

Infection is the most likely cause of death in a prolonged crisis without medical care. Prevention is far easier than treatment. Know the signs early and act aggressively.

FEVER MANAGEMENT

Temperature	Action
Under 100.4°F / 38°C	Normal variation. Monitor only.
100.4–102°F / 38–39°C	Low fever. Rest, fluids, monitor.
102–104°F / 39–40°C	Moderate. Treat with medication.
104–106°F / 40–41°C	**High. Aggressive treatment now.**
Over 106°F / 41°C+	**EMERGENCY. Brain damage risk.**

HOW TO TREAT FEVER

Hydration
Drink fluids constantly. Fever dehydrates rapidly. Aim for 3+ litres/day.

Medication
Acetaminophen (Tylenol): 500–1000mg every 6h. Ibuprofen: 400mg every 8h. Alternate for high fever.

Cooling
Damp cloth on forehead, armpits, groin. Do NOT use ice bath — causes dangerous shivering.

Rest
Complete rest. Physical activity raises temperature further.

Monitor
Check temperature every 2 hours. Watch for confusion, seizures, stiff neck.

PREVENTING INFECTION

Prevention saves more lives than treatment:

- Wash hands before treating any wound — this is the single most important thing.
- Clean all wounds with water immediately — volume matters more than sterility of water.
- Keep wounds covered until fully healed.
- Boil instruments (tweezers, needles) before use.
- Change wound dressings daily with clean hands.
- Do not touch your face after handling wounds.
- Isolate infected wounds from healthy skin.

DANGEROUS INFECTIONS TO KNOW

Sepsis (Blood Poisoning)
SIGNS: Signs: fever + rapid heart rate + confusion + look very unwell.
TREAT: Treat: antibiotics immediately if available. Fluids. This kills within hours.

Wound Infection
SIGNS: Signs: redness spreading, warmth, pus, red streaks up limb.
TREAT: Treat: clean aggressively, open and drain if fluctuant, antibiotics.

Pneumonia
SIGNS: Signs: fever, cough, chest pain, fast breathing, confusion.
TREAT: Treat: antibiotics (amoxicillin), rest, fluids, position sitting up.

Urinary Tract Infection
SIGNS: Signs: burning urination, frequent urge, lower back pain, fever.
TREAT: Treat: fluids, antibiotics (trimethoprim). Very common and treatable.

Diarrheal Disease
SIGNS: Signs: frequent loose stools, cramping, fever.
TREAT: Treat: oral rehydration solution (ORS) is critical — see recipe p.8.

Most illnesses are manageable. Know when to treat at home and when it becomes serious.

DEHYDRATION

SIGNS: Dry mouth and skin. Dark yellow urine. Headache. Dizziness. Confusion (severe).

TREATMENT:

- Drink water steadily — small sips if nauseous.
- ORS if available: 1L water + 6 tsp sugar + 1/2 tsp salt.
- Mild: 2–3L fluid per day. Severe: 4–6L.
- Watch for improvement in urination frequency and color.
- If vomiting: sip 1 teaspoon every 5 minutes.

Confusion + no urination = EMERGENCY. IV fluids needed.

HEAT STROKE

SIGNS: Body temp above 104°F. HOT dry skin (not sweating). Confusion. Unconsciousness.

TREATMENT:

- IMMEDIATELY move to shade and cool the person.
- Remove all clothing. Fan aggressively.
- Apply water or ice to skin — especially neck, armpits, groin.
- Do NOT give fluids if confused or unconscious.
- This is a medical emergency — get help while cooling.

Do NOT confuse with heat exhaustion (sweating, pale, nauseated — lay flat and give fluids).

HYPOTHERMIA

SIGNS: Shivering (stops in severe cases). Confusion. Slurred speech. Slow pulse.

TREATMENT:

- Remove wet clothing immediately. Insulate from ground.
- Warm the core first: warm the chest, armpits, and groin.
- Give warm sweet drinks ONLY if fully conscious.
- Skin-to-skin contact inside sleeping bag is very effective.
- Handle gently — rough movement can cause cardiac arrest.

If shivering has stopped and person is confused — this is severe. Act immediately.

DIARRHEA & VOMITING

SIGNS: Frequent loose stools, vomiting, cramping, weakness. Common from contaminated water.

TREATMENT:

- ORS is the primary treatment: 1L water + 6 tsp sugar + 1/2 tsp salt.
- Continue eating if possible — food helps recovery.
- Antibiotics (ciprofloxacin) for bloody diarrhea or high fever.
- Avoid dairy and high-fat foods during recovery.
- Boil all water until source of illness is identified.

In infants and elderly: dehydration kills quickly. Prioritize ORS.

CHEST PAIN

SIGNS: Pressure or tightness in chest. May spread to jaw or left arm. Shortness of breath. Sweating.

TREATMENT:

- Sit person upright. Rest completely. Loosen tight clothing.
- Give aspirin 325mg (chewed, not swallowed whole) if available.
- Do NOT give aspirin if person has stomach bleeding or aspirin allergy.
- Monitor breathing and pulse. Begin CPR if heart stops.
- Get medical help as fast as possible — every minute matters.

Do not assume it is not a heart attack. Treat as cardiac emergency until proven otherwise.

SEIZURES

SIGNS: Uncontrolled shaking. Loss of consciousness. Possible loss of bladder/bowel control.

TREATMENT:

- Do NOT restrain. Do NOT put anything in mouth.
- Clear the area of hard objects. Protect head with something soft.
- Time the seizure. Most stop within 2–3 minutes.
- After seizure: place in recovery position (on side).
- Monitor breathing. Person will be confused for 10–30 minutes after.

Call for help if: first-ever seizure, seizure over 5 minutes, or person does not wake.

A small medication supply can be the difference between life and death.

This guide covers the most essential medications for emergency use. Stock these where possible. Know the dosing, uses, and dangers before an emergency happens.

ESSENTIAL MEDICATIONS — STOCK AND LEARN

ACETAMINOPHEN (Tylenol/Paracetamol) — Pain & fever

Adult: 500–1000mg every 4–6 hours. Max 4000mg/day.

Safe for children (weight-based dose). Safe in pregnancy.

DANGER: Do NOT exceed dose. Liver damage can be fatal and is silent.

IBUPROFEN (Advil/Motrin) — Pain, fever, inflammation

Adult: 200–400mg every 6–8 hours with food. Max 1200mg/day OTC.

Anti-inflammatory — better for muscle/joint pain than acetaminophen.

DANGER: Do NOT use in stomach bleeding, kidney problems, or last trimeste...

ASPIRIN — Heart attack, pain, fever

Heart attack: 325mg chewed immediately. Pain: 325–650mg every 4h.

Unique value: the ONLY medication that helps during heart attack.

DANGER: Never give to children under 16. Avoid with stomach ulcers.

DIPHENHYDRAMINE (Benadryl) — Allergies, anaphylaxis

Adult: 25–50mg every 6–8 hours. Child over 2: weight-based.

Helps mild-moderate allergic reactions. Causes strong drowsiness.

DANGER: Does NOT replace epinephrine for anaphylaxis. Only buys time.

AMOXICILLIN — Bacterial infections

Adult: 500mg every 8 hours for 7–10 days. Child: weight-based.

Treats: pneumonia, skin infections, ear infections, dental infections.

DANGER: Check for penicillin allergy first. Not effective against all bacteria.

CIPROFLOXACIN — Serious infections, diarrhea

Adult: 500mg every 12 hours for 5–7 days.

Treats: urinary infections, GI infections, wound infections.

DANGER: Do NOT use in pregnancy or children. Can cause tendon damage.

METRONIDAZOLE (Flagyl) — Gut infections, abscesses

Adult: 400–500mg every 8 hours for 5–7 days.

Treats: giardia, dental abscesses, anaerobic wound infections.

DANGER: Do NOT drink alcohol. Causes severe nausea. Avoid in early pregn...

ORAL REHYDRATION SALTS (ORS) — Dehydration, diarrhea

DIY recipe: 1 litre water + 6 teaspoons sugar + 1/2 teaspoon salt.

Give continuously — small sips if nauseous. This saves lives.

SAFE FOR ALL AGES. Critical for infants and elderly with diarrhea.

SECTIONS 6 & 7 — CHILDBIRTH + COMMUNITY MEDICAL

EMERGENCY CHILDBIRTH

For planned births, seek a midwife or trained person. This section is for unexpected, unattended delivery only.

1 — Prepare clean environment
- Wash hands thoroughly.
- Lay clean cloths or towels.
- Boil water and boil scissors/string for cutting cord.
- Have someone support the mother.

2 — Support the mother
- Let her choose a position — squatting or on back with knees
- Do NOT rush. Let the body work.
- Encourage steady breathing during contractions.
- Do NOT pull on the baby.

3 — As head appears
- Support head gently — do NOT pull.
- If bag of waters intact, break gently with clean finger.
- Check cord is not around neck — if so, loop over head carefu

4 — Delivery
- Guide shoulders out gently — one at a time.
- Baby will be slippery — support fully.
- Place baby on mother's chest immediately.
- Dry and stimulate baby — rub back if not crying.

5 — After delivery
- Clamp/tie cord in two places — 2 and 4 inches from baby.
- Cut between ties with clean scissors.
- Placenta delivers in 5–30 minutes — do not pull cord.
- Watch mother closely for heavy bleeding.

EMERGENCY SIGNS DURING BIRTH

- Heavy bleeding before delivery — more than a pad per hour
- Baby not progressing after 2 hours of active pushing
- Cord appears before baby's head — life-threatening
- Mother becomes unconscious or has seizures
- Baby does not breathe after stimulation — begin infant CPR

COMMUNITY MEDICAL STRATEGY

THE FIVE HOUSEHOLD MEDICAL NETWORK

HH 1 TRAUMA CARE	Wound treatment, fracture care, bleeding control. Maintains surgical supplies.
HH 2 MEDICATIONS	Manages medication stockpile, dosing knowledge, and antibiotics supply.
HH 3 INFECTION CTRL	Sanitation, hand hygiene supplies, infection prevention and monitoring.
HH 4 MATERNAL/CHILD	Prenatal care, childbirth support, infant and child health monitoring.
HH 5 RECORDS & TRIAGE	Maintains medical records, tracks illnesses, performs initial assessment.

ESSENTIAL SUPPLY CHECKLIST

TRAUMA
- Bandages, gauze pads
- Adhesive tape
- Tourniquet
- Tweezers, scissors
- Antiseptic (iodine/alcohol)

MEDICATIONS
- Acetaminophen
- Ibuprofen
- Aspirin
- Antihistamine (Benadryl)
- Antibiotics (amoxicillin)

TOOLS
- Thermometer
- Blood pressure cuff
- Gloves (latex)
- Syringe (for wound irrigation)
- Sterile needles

OTHER
- ORS packets or ingredients
- Water purification tablets
- Scalpel or sharp blade
- Safety pins
- Medical reference book

QUICK REFERENCE CARD

Print This — Keep It With Your Medical Supplies

Critical information at a glance. Laminate this page.

EMERGENCY PRIORITY ORDER

1 BREATHING — If not breathing: CPR immediately. 30 compressions, 2 breaths.

2 BLEEDING — Apply hard direct pressure. Do not remove. Tourniquet if limb won't stop.

3 SHOCK — Lay flat, raise legs (unless head/chest injury). Keep warm. Give fluids.

4 INFECTION — Clean all wounds immediately. Cover. Change dressing daily.

5 FEVER — Acetaminophen or ibuprofen. Fluids. Cool with damp cloth.

MEDICATION QUICK DOSING (ADULTS)

Medication	Dose	Frequency/Notes	Caution
Acetaminophen	500–1000mg	Every 6h	Max 4000mg/day
Ibuprofen	200–400mg	Every 8h	Take with food
Aspirin	325mg	Heart attack: chew immediately	Never in children
Benadryl	25–50mg	Every 6–8h	Causes drowsiness
Amoxicillin	500mg	Every 8h × 7–10 days	Check penicillin allergy
Ciprofloxacin	500mg	Every 12h × 5–7 days	Not in pregnancy/children

ORS RECIPE (ORAL REHYDRATION SOLUTION)

SAVES LIVES FROM DIARRHEA & DEHYDRATION

1 LITRE clean water
+ 6 teaspoons sugar
+ 1/2 teaspoon salt

CPR REMINDER

30 COMPRESSIONS
Push 2 inches deep, 2 per second
2 RESCUE BREATHS

ALWAYS SEEK MEDICAL CARE FOR:

- Uncontrolled bleeding that does not stop after 10 minutes of pressure
- Signs of sepsis: fever + fast heart rate + confusion + very unwell
- Chest pain or difficulty breathing at rest
- Altered consciousness or confusion that does not resolve
- Any injury involving the spine — do not move the person
- Childbirth complications — heavy bleeding, baby not progressing
- Signs of appendicitis: severe right lower abdomen pain + fever + vomiting

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"In crisis, knowledge is the most powerful medicine."